

EMPLOYEE'S NAME	SOCIAL SECURITY NO.
POSITION TITLE (Use official title from position description)	PAY PLAN/SERIES/GRADE
ORGANIZATION	- -

APPRAISAL PERIOD (Calendar Year Cycle)		NUMBER OF ELEMENTS
From	To	This plan consists of _____ elements.

RATER'S NAME	RATER'S TITLE
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RATER'S SIGNATURE	DATE
EMPLOYEE'S SIGNATURE (Indicates that a copy of the plan was received.)	DATE

(Complete Only One of the Rating Sections Below)

ACCEPTABLE	(All elements were rated Acceptable)
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RATER'S NAME		RATER'S TITLE	
RATER'S SIGNATURE		DATE	
EMPLOYEE'S SIGNATURE (Indicates that a copy of the final rating was received.)		DATE	

OR

UNACCEPTABLE	(At least one element was rated Unacceptable)
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RATER'S NAME	RATER'S TITLE
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RATER'S SIGNATURE (For recommendation of Unacceptable rating only)	DATE
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REVIEWER'S NAME	REVIEWER'S TITLE
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REVIEWER'S SIGNATURE (For approval of Unacceptable rating only)	DATE
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EMPLOYEE'S SIGNATURE (Indicates that a copy of the final rating was received.)	DATE
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JOB ELEMENTS AND PERFORMANCE STANDARDS	Element _____ of _____
EMPLOYEE'S NAME	
ELEMENT DESCRIPTION	

PERFORMANCE STANDARDS (Employee must meet or exceed this level to be rated Acceptable)

PROGRESS REVIEW
PROGRESS REVIEW MEETING (Required for all employees)
A progress review was conducted on
PROGRESS REVIEW NOTES: (Required for employees not meeting expectations; optional for others)

RATER'S SIGNATURE	DATE
EMPLOYEE'S SIGNATURE (Indicates that a progress review was conducted.)	DATE

FINAL ELEMENT RATING	
<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> UNACCEPTABLE
DESCRIPTION OF ACTUAL PERFORMANCE (Required for rating of Unacceptable: optional for rating of Acceptable)	